

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 25 1997 8:00am  
Secretary of State

|                                       |   |  |
|---------------------------------------|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------|---|--|

DOCUMENT # **834889** (8)  
1. Corporation Name  
**PITTSFIELD CONSTRUCTION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br>2411 S MCCALL RD<br>ENGLEWOOD FL 34224 | Mailing Address<br>2411 S MCCALL RD<br>ENGLEWOOD FL 34224-5132 |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>08/21/1975</b> | 3a. Date of Last Report<br><b>02/13/1996</b> |
|--|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>25-1029630</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees    |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**JOHNSON, LOIS G  
1218 RIDING ROCK LAND,  
UNIT 2A  
33950**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **LOIS G. JOHNSON, ASS'T. SEC.** *Lois G. Johnson* DATE **2/20/97**

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>S</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>JOHNSON, LOIS (ASST)</b>               |
| STREET ADDRESS | <b>4100 BUNYAN ROAD</b>                   |
| CITY-ST-ZIP    | <b>PUNTA GORDA, FL 00000</b>              |
| TITLE          | <b>ST</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MCGRAW, ALICE</b>                      |
| STREET ADDRESS | <b>30 7TH ST</b>                          |
| CITY-ST-ZIP    | <b>YOUNGVILLE, PA 00000</b>               |
| TITLE          | <b>P</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>MCGRAW, ERNEST</b>                     |
| STREET ADDRESS | <b>30 7TH ST</b>                          |
| CITY-ST-ZIP    | <b>YOUNGVILLE, PA 00000</b>               |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>LOIS G. JOHNSON</b>   |
| 1.3 STREET ADDRESS | <b>1218 RIDING ROCK LANE 2A</b>  |
| 1.4 CITY-ST-ZIP    | <b>PUNTA GORDA, FL, 33950</b>  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LOIS G. JOHNSON, ASS'T. SEC.** *Lois G. Johnson* DATE **2/20/97** 941-474-9329

CR2E034 (9/96)